SOMA WEISS

Resolution on the Death of Dr. Soma Weiss

The first shock of the news of the sudden death of Soma Weiss on January 31, 1942 caused among his friends and colleagues the almost universal reaction expressed in words by one, "It is incredible, he was so much alive." Indeed, his vital personality, boundless energy, and excellent health did make him seem to be invulnerable.

He was born in Bestercze, Hungary, on January 27, 1899. During the dark years of the War and of the disintegration of the Austro-Hungarian Empire he attended the Royal Hungarian University at Budapest, where he was appointed Demonstrator and Research Fellow in Physiology and later in Biochemistry. In 1920 he came to New York. He received the degree of Bachelor of Arts from Columbia in 1921 and only two years later was graduated from Cornell University Medical School as one of its finest products. There he came to know Dr. Eugene F. Du Bois as teacher and as a friend through the years. While a student he also held an appointment as Assistant in the Department of Pharmacology of Cornell University. Working at first under the guidance of Dr. Robert Hatcher, he soon published fundamental observations on the reflex nature of the emetic action of digitalis. The interest in the action of drugs so acquired was to continue as an outstanding characteristic of his entire subsequent clinical career.

After graduation he spent two years as intern at the Bellevue Hospital. In 1925 he joined the group of young physicians attracted by Dr. Francis W. Peabody to the newly opened Thorndike Memorial Laboratory of the Boston City Hospital. From his first days there to the end of his fourteen years at that hospital, he devoted himself whole-heartedly to the success of the Thorndike and its associated teaching services. His first appointment in the Department of Medicine was as Research Fellow. He rose in only seven years to the rank of Associate Professor—a title perfectly descriptive of his devoted relationship to Dr. Peabody's successor, Professor George R. Minot. In 1932, on Dr. Minot's recommendation, Dr. Weiss was appointed Director of the Second and Fourth Medical Services. In this position his tact and persistence enabled him to make progressive improvements in the clinical services amidst the complexities inherent in the administration of a large municipal hospital. In order to draw together in a common interest in medicine and in the City Hospital the many interns of the Boston University, Harvard and Tufts Medical Services, he for several years conducted a fortnightly Grand Round, on which were presented and discussed patients of interest from those various services.

Soma Weiss' contacts with his interns and students were especially close. His ward rounds, conferences and lectures were always popular; and his interest in therapeutics was especially welcome to students. His excellent powers of observation, wide clinical and research experience and knowledge of the American and foreign literature, allowed him to contribute significently to any discussion in the laboratory or at the bedside. He was always in demand as a consultant on various of the hospital services and would answer such calls, when necessary, in the small hours of the night with the freshest interest in the problem presented by the patient. If the case was unusual or representative of a clinical condition in which he was interested, he would jot down a brief note on one of a pack of library cards which he kept in a side pocket of his white coat. The accumulated cards, like his own clinical recollections, were classified and filed for future reference. They were also occasionally produced to confound the friendly scepticism of colleagues who expressed doubt that Soma had really seen, as he stated, "several such cases." For everyone he had a kindly

or cheery word and if a compliment caused a young nurse to blush, he might later remark that such "vasomotor breezes", as he called them, were beneficial to the female organism. In his earlier years his hospital day often ended late in the evening with an impromptu visit to the Accident Floor to see what clinical treasure might have drifted in with the flotsam and jetsam of disease.

In 1939 Soma Weiss left the City Hospital to succeed Dr. Henry A. Christian as the second Physician-in-Chief to the Peter Bent Brigham Hospital and the eighth of the distinguished line of those who have held the title of Hersey Professor of the Theory and Practice of Physic in the Harvard Medical School. For the post of the Professor of Medicine in the hospital so closely associated with the Medical School he was, because of his many and varied interests, a particularly fitting choice as one who should continue and foster the development of mutually stimulating relationships between these institutions. The qualities of heart and mind which had enabled him to adapt himself so quickly and so well to the translation from Europe to America were scarcely taxed by a move from one clinical division to another of a medical school of which he had already become an important and respected member.

His sound advice was sought by many. As Chairman of the University Committee on Pharmacotherapy and as a member of various committees in the Medical School, he rendered the conscientious service which he felt he owed to Harvard. He was an active contributor to the meetings of the leading national medical and scientific societies. He was a member of the Committee for Revision of the U. S. Pharmacopoeia, and of the Council on Pharmacy and Chemistry of the American Medical Association. Through these many channels and by his connection with problems concerned with National Defense flowed his ever-increasing influence upon the medicine of America.

Soma Weiss' chief research contributions were in pathological physiology of cardiovascular disease and in clinical pharmacology and therapeutics. They are contained in nearly two hundred publications replete with data especially from painstaking studies on patients. The selection of problems, often suggested by shrewd observation on the wards, seemed to present no difficulty to his active imagination, and his ability to avoid the blind avenues which appear to open so temptingly in the course of experiment, was uncanny. His collaborators included men representative of several branches of medicine, using the word in the broad sense in which he conceived it: pathology, roentgenology, physiology, neurology, surgery, biochemistry and obstetrics. His predominant and constant activity in making original observations rendered him loath to take the time to write summary articles or books. He did, however, contribute a few chapters to systems of medicine, and shortly before his death, published with Dr. Lewis Dexter a comprehensive monograph on the Toxemias of Pregnancy. He took the keenest of interest in the intellectual development of the young men who came to work with him. Today many of them hold important posts in academic medicine in this country and abroad.

Men like Soma Weiss do not exert an influence on their fellows by their ideas alone. Thus, his self-reliance, kindness, enthusiasm for living and sense of humor were felt by all who knew him. These qualities may have been the result of his having lived on two continents, seen much of sickness and misfortune, and found many friends. He took a deep satisfaction in the life of his family, who enriched the sense of welcome felt by the many friends and strangers invited to his home. His death at forty-three terminated a career short in years but long in terms of accomplishment. Soma Weiss' contributions to medicine are spread upon the permanent record of the literature of medical science but his true memorial is in our hearts.

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The Practice of Psychiatry

Merrill Moore, M.D.

On December 7, 1941, an era in the history of this country abruptly ended. It had been an era of peace and prosperity. A new period of preparation for defense and war has begun, on a scale so tremendous that nothing like it before in the world can be recollected for comparison. It is now clear that the inevitable social, political and economic dislocations resulting from these changes are apt to be more extensive than anyone has imagined. All this has an important bearing on the practice of medicine in general and the practice of psychiatry in particular because psychiatry is one of the youngest and most sensitive branches of medicine and because environmental changes that affect the whole plant affect this growing bud in a very direct way.

The practice of psychiatry is heading rapidly now for many changes, that will inevitably be conditioned by the extent to which psychiatry is useful to and is used by the Army, the Navy and the civilian population during the present crisis, and by the forces of reconstruction in the post-war period. The outcome of this war will influence the course of development of psychiatry as much as it will influence the course of civilization, and in parallel paths, for the development of one is to some extent dependent on or correlated with the other. It is possible that this war may advance psychiatry as much as the first World War advanced surgery, because this war is as much on the psychological or psychiatric front as it is on the military or diplomatic, and in this war morale is as important as production, or actual combat. This has never been so poignantly true before, but it is now, as every physician realizes, when he observes the daily life of the community. In this war ideas are used for offense and for defense, for protection and for aggression. The advent of the radio, also, has changed things very much, because ideas are conveyed freely and instantly from one part of the world to another in such a way that men's minds are moulded and causes and issues are fostered or hindered. This was never the case before. This is all new, and what, one may ask, has all this to do with the practice of psychiatry?

It may have a great deal to do with it, especially as psychiatry may become better developed as a branch of medicine, as a result of its wider application during and after the war, and as psychiatry may become "socialized" even more widely than it now is, which is not inconsiderable.

Some have said that psychiatry is a luxury specialty. This is not the case at all. As a matter of fact 90% of all psychiatry is "social medicine" and has been for nearly a century. Psychiatry is actually the first branch of medicine that is generally socialized. This has been so from almost the very beginning of the development of psychiatry in this country. When one speaks of state medicine, for example, everyone knows that broadly considered we have what is tantamount to state medicine in psychiatry. The greater part of all psychiatry in America is state-organized and state-supported. State psychiatry in the last 80 years is a field that has shown magnificent progress. One result of this condition has been that, in the private practice of psychiatry, the physician has been automatically and largely relieved of a great part of routine work by the excellent systems of state care that afford examination, diagnosis, custody, treatment and after-care through the offices of state departments of mental health as well as numerous other institutions. This is as it should be. Only a small part of the general population is able to afford (or should be expected to pay) the expense necessarily associated with

private psychiatric care or any psychiatric care, for that matter. The expense and the continuing overhead costs of any first rate psychiatric care necessarily amount to a good deal.

Apart from consulting work and continuous coöperation with the state and other instiutions, the patients a psychiatrist sees in private practice are automatically sifted by an economic sieve. The psychiatrist who is practicing privately as a rule is able to accept for treatment only those patients who are able to afford private care. The problem of the cost of medical care is as acute an issue in the private practice of psychiatry as it is in general medicine or surgery and, alas, neither public opinion nor general facilities as yet are well prepared to care for mentally ill patients in quite the same way that those who are ill with other forms of medical and surgical disease are cared for. But that condition is improving as interest grows among internists and socially minded persons who are increasingly concerned over the problems of psychological medicine, and community leaders who are coming to know more about the psychiatric point of view.

But increasing facilities do not prevent this from being a problem: in private psychiatric practice one does see a goodly number of patients who are badly in need of help and who might be helped by psychotherapy but who cannot afford the expense of private psychiatric treatment, be it ever so little, and for whom no public facilities are available. In Boston, for example, there are several excellent clinics where free or minimal cost psychiatric care can be obtained but these clinics are usually crowded and sometimes have waiting lists and are often unable (though they do the best they can) to give the amount and kind of individual attention that the mentally ill patient needs. This is discouraging to the patient and to the physician. There are relatively few psychiatrists and an excess of patients in need of psychiatric help to be found in every community. Clearly the answer is more psychiatrists but where are they coming from and who is going to pay for them? The problem is not solved by volunteer work in the psychiatric outpatient clinic ("volunteer" on the part of the psychiatrist and "free" to the patient), and this problem can probably not be solved by lay therapists and it is not yet solved by group therapy. The problem is not solved. Possibly it may never be. It is possible that no state can afford to give everyone the ideal or even optimum amount of psychiatric guidance or therapy that might theoretically be needed.

The question "Where are more psychiatrists coming from?" is a hard one to answer. This is a question that is of direct interest to the officers of a university, because the community looks to the university to train its members to become psychiatrists, just as the university looks to the community for men to train. But there are not very many of these men who wish to make psychiatry their life work. There are far more men who wish to go in for medicine or surgery or another of the specialties. The dean of a grade-A medical school recently told me: "Less than five per cent of our senior medical students plan to take post graduate work leading to special training in neuropsychiatry."

This is not too discouraging. A psychiatrist is never made to order. In the past only a person of a very special sort has "gone in for" psychiatry. It is probably not the "average" college graduate who enters medical school. Certain other features distinguish that small but perhaps growing fraction of medical school graduates who enter the specialty. Some of these features are:

1. Special experiences of emotional conditioning in youth.

2. Definite personality or adjustment problems in the individual himself.

3. The development of a special point of view described as "being psychological minded" or "seeing individuals as human beings" or "seeing things as a whole."

4. A tendency towards meliorism (usually) which can be more simply expressed

as "a desire to help people". The psychiatrist has a personality that is similar to that of the physician, only more so.

But these elements alone do not complete the synthesis that the individual must undergo while developing from adolescence through the long period of training into a psychiatrist.

Ideally one might wish (if one were compounding a psychiatrist by alchemy) to add these ingredients too: (1) A healthy amount of vigor. (2) Knowledge of fields of thought other than his own. (3) A reasonable acquaintance with nature, science and logic. (4) A sense of wonder and a desire for further knowledge. (5) Respect for the feelings and the spirit of others.

Though this may sound like a recipe for Superman, not only is the doctor favored who can acquire a few of these, but the patient may also benefit from the way these attributes reflect on the therapy as well.

The psychiatrist should have other interests, a balanced mental diet, lest he suffer that particular prison psychosis that comes from being too long immured in his ivory tower, or from having played too long the rôle of God in the lives of his patients to the further amazement of his own astonished heart, and he should retain some humility, but not too much humility.

As to training for private practice, that depends upon the psychiatrist's aim. At the present time the best is probably the longest, but that may not always be the case. Means of determining aptitude and shortened methods of training and techniques for therapy may be discovered, or at least we can search for them, and as we search we may continue to ask these questions:—Can it be that therapeutic zeal (and wisdom if such exists) is innate? What extrinsic factors condition it? If a man has therapeutic aptitude does the mechanical part of medical education increase or decrease it? And what are the most effective approaches to psychotherapy?

In so brief a presentation as this, one can only suggest or touch lightly on these points but they, and many others like them, are matters of great concern to the psychiatrist and to those who are responsible for his education.

One can not expect the average healthy extraverted medical student at first to be very much interested in drives, motives, conflict, the unconscious, in social conditions, in schools of psychiatric thought, or various techniques of psychotherapy, or in psychological methods of investigation. He is interested in those things of course, to some extent, but usually he is more interested in internal medicine, in surgery, in pediatrics, or obstetrics or the basic sciences, and, incidentally, he is interested in making a good living and having a good time which is only natural. These facts should not discourage the medical student from considering the practice of psychiatry as his aim; although private practice is the most difficult place of all to apply psychiatry, it is above all the place where the introduction of mentally hygenic principles is most badly needed, for it is closest to the home, the primary and secondary school, and the place of work. It always will be the physician who sees the most and can do the most in preventive and curative therapy as far as nervous and functional disorders are concerned, and as far as most people in general are concerned.

Most progressive doctors become interested in the relationship between the mind and the body and most successful doctors are interested in psychotherapy, for all practice it who practice medicine, and sooner or later, with or without guidance, each physician develops his own technique of psychotherapy. There are as many psychotherapists as there are physicians. Though they differ in details they are similar in the essentials. All psychotherapy springs from the same soil: the patient's need and the physician's wish or ability to help them.

Even with present day knowledge, with all the machinery and information that support modern medicine, the psychiatrist in the last analysis, after laboratory work,

after drugs and techniques (after the captains and the kings depart), works with the patient and by himself, with ideas and with words—and with feelings.

Above the dust and smoke raised in the foreground by the champions of various "methods" one can see only two main types of psychiatric therapy (apart from drugs and physicial means of treatment). These are the repressive and inspirational type on one hand and the analytic on the other. The great problem in psychotherapy really is: which of these methods in the long run is best for the individual patient? Sometimes the psychiatrist can not decide. It may appear that one would be best but the method attempted sometimes fails. Clearly there are some situations where *no* therapy is advisable—where it is best to let sleeping dogs lie and to try not to wake them. Certain cases clearly are in no way helped by any sort of light or "superficial" treatment and respond much better over a period of years to treatment that is prolonged and intensive. In this matter, I believe the psychiatrist is wise who knows what is wrong with the patient and what type of treatment is best for him. And that is a point where I personally have come to have enormous respect for the person who knows the patient best, and for the opinion of the family physician and for the advice in consultation of older and more experienced psychiatrists. Something of wisdom does adhere to them by accretion through the years. And beyond that one can not say much in general.

With all this panorama and with all these anticipations there are some bright spots especially in the quarter devoted to pharmacology and biochemistry. There is the new sedative for use in epilepsy: dilantin. There is the new drug amphetamine sulfate for use in depressive and narcoleptic and alcoholic states. There is the new drug sulfanilimide with its numerous uses, many of which are not yet explored. There are the new uses for insulin and metrazol, to name a few. The pharmaceutical horizon as far as the practice of psychiatry is concerned, and the treatment of nervous and mental disorders, is brighter and more hopeful than it has ever been before in the history of medicine. One should mention also vitamine therapy in psychiatry, cevitamic and nicotinic acid and their derivatives, for example. And, as ever, there are the valuable old stand-bys among the sedative and analgesic group, the salts of bromide and acetyl salicylic acid without which the symptomatic treatment of many nervous conditions would be unnecessarily difficult. The possibilities of electric shock treatment are now being explored. A revival of conditioning therapy is being undertaken. Then there is the ever widening scope of occupational therapy and there is bibliotherapy. The use of books, articles, autobiographical sketches and written reports, as well as conferences with relatives and informants, is extremely important in the private practice of psychiatry where often methods not quite orthodox must be employed, especially when the patient comes from a distance or may live in isolated rural districts or can visit the therapist very infrequently.

Possibly a word might be said about one striking deficiency in private psychiatric practice: the assistance of social workers is needed, or their equivalents. Many are the times when, in private practice, I have yearned for the aid we receive as a matter of routine in the Boston City Hospital from our department of social work, or the department of hydrotherapy or physiotherapy. To some extent, in some communities these deficiencies can be made up by existing facilities.

"Nervous" patients also need occupation. They often respond well to a simple, ordered program. Swimming, sea bathing, sun bathing, all sports and occupations have a definite and valuable place in the psychotherapeutic regimen. Also one could mention the value of almost any form of study (or collection) of natural science objects: sea-shells, land-shells, fossils, minerals, plants and animals, and elementary instruction in the basic sciences. Each of these

has its place as a form of occupational therapy, or as an adjunct to psychotherapy or simply as a normal, healthful, constructive human interest or personal hobby. Even so humble a pastime as walking or gardening has been curative in some instances. It is possible that any activity that in any way gives a mentally ill person satisfaction, or helps make him feel or be more useful may, in a not too obscure way, do something to bring about an internal equilibrium in the forces of his personality, or may help him achieve a more satisfactory balance in the distribution of his energy and his inter-personal relationships. Possibly some of the factors that precipitate or relieve neurotic symptoms may be simpler than one might suspect. In certain instances it would appear so.

In the mind of every psychiatrist engaged in private practice two hopes constantly exist. Both arise from a certain discouragement or frustration the psychiatrist himself may feel at times from working with adults or older patients. There is an awareness that his work is mainly restitutional, that it is a "repair job" at best and that something should have been done about the difficulty long ago, or earlier. And the other feeling is that those who were in charge of the patient at an earlier date failed to recognize or deal with the difficulty at stages in its development when it was most susceptible to favorable influence. Here are the two hopes these feelings give rise to: *first* that parents, nurses and teachers in primary and secondary schools may come to learn more about the children in their charge so that the personalities of these children may be less damaged in their development (what happens I do not know, or how it happens, but it is a fact that one does see little boys for example from 4 to 8 years old who are more manly then than they ever are again in their lives) and *second* that teachers in high school and college and those under whom young people serve their apprenticeships could do more to help them prepare themselves for living, for marriage, for being happy and useful, instead of giving them the veneer of formal education. Into the sea of criminality, delinquency, alcoholism, addiction, perversions, neurosis, psychopathy and psychosis one sees vast streams of human energy poured and wasted. Much of this waste may be unnecessary and preventable. Surely through the practice of psychiatry more can be done than we are now doing to bring about better organization and proper orientation of the forces in our patients' personalities, and some release from the conflict and unbalance in their lives. By helping to diminish sensitivity where oversensitivity is a problem, by increasing insight where lack of insight is a problem, by aiding growth and integration where immaturity and disintegration are the problems and through education and guidance where ignorance and misdirection are the problems, much can be accomplished.

If this is true, it must also mean that the psychiatrist in his private practice must be a part of the community in which he lives, or must at least know it fairly well and he must be familiar with its resources, the schools, the ministers and industry. In a word, he must himself belong to the community or he can not be very effective in his educational and preventive rôle, or as a therapist in the broadest sense. Furthermore, conditions today that affect an individual patient are changing so rapidly that one must be a cover-to-cover reader of *Time*, in order to keep abreast of *what* is temporarily happening *where*, and unless one reads several good newspapers, listens to selected radio programs and follows the discussion of current events with well-informed and intelligent authorities, a physician is apt to be antiquated in his views of the modern world, and in some ways this gives a mild advantage in that it permits the maintenance of certain uncritical and ostrich-like states of mental security.

The private practice of psychiatry is paradoxical. In some aspects it is the most satisfactory of pursuits, while at the same time in other ways, it is unsatisfactory. It has advantages as well as disadvantages,

from the point of view of the physician, and the patient. The opportunities for constructive work are what make the private practice of psychiatry so satisfactory, and it is the number of patients one sees who need help, that one can not help or that one fails to help that make it unsatisfactory. That is the paradox.

At the present moment all of this is is a state of flux. Medicine is beginning to mobilize; psychiatry is not yet mobilized. Psychiatry is now being utilized as a part of the medical examination a recruit undergoes before he is accepted or inducted into service. Certain psychiatric tests and procedures are being used to determine fitness or aptitude for special occupations in the army and navy, especially in aviation. The elements of psychiatry are being taught to medical officers in certain centers and to some extent clinical psychiatric work is being carried out in army general hospitals, and naval hospitals. A number of men in service develop functional nervous disorders, a smaller number develop psychoses. These men must be examined, observed, diagnosed, treated, cared for and disposed of. The use of psychiatry in the military service is not extensive yet, but it is nuclear and it is growing. In the next year one may expect more development in the military utilization of what psychiatry will offer, and this will have an effect on the private practice of psychiatry; as the governmental practice of psychiatry expands the private practice of psychiatry will probably contract. This is to be expected in war time; moreover, it is to be hoped for. It is also to be hoped that the utilization of psychiatric principles and practice in military life may bring new discoveries and new contributions into general use. The first World War did more for the science of psychometrics than anything that had ever happened. Psychiatrists continuously now have been engaged in studying psychological and group problems in relation to military and civilan morale. Already some new and useful findings have been reported. But with all this, it is probable that the greatest challenge is yet to come to psychiatry in the post-war era; it is the problem of reconstruction. After this war is over, psychiatry and psychiatrists, like everybody else will face the task of reorientation in a world that in all probability will be vastly changed. Private life and private living may no longer be what it has been. Psychiatry then will have a real and even greater opportunity to function as a constructive branch of science with other branches of science. The post-war task of psychiatry will be to serve as an implement in the hands of society to help society face reality and adjust to it, in a way that is satisfactory to individuals and useful to the group. And that will be a large order. If the science of psychiatry can rise to that situation (and I for one believe it can) then psychiatry as a branch of science will have won its spurs, so to speak, among the other branches of science, and can be finally accepted as such, and as one of the darlings of medicine and democracy.

EDITORIAL

"It is about time that something was said on the general subject of ceilings". So began a pleasant essay by David McCord, editor of our parent journal, The Harvard Alumni Bulletin. It is fortunate that we are so limited in space, for your editor is prepared to go into a long discourse upon what he conceives to be the most important and the most neglected of the medical specialties. It would have gone something as follows: It is time that something was said about psychiatry, for in the edifice of medicine, it is like the ceiling, and is always present and necessary, frequently forgotten, usually taken for granted by most of the practising profession, etc., etc. In place of this, we have asked Dr. Merrill Moore, who is in the private practice of psychiatry, to contribute the essay which appears in this issue. We need more psychiatrists and better psychiatry. The BULLETIN is now being sent to the members of the senior class in Harvard Medical School. It is hoped that more than five per cent of them will read and be enthused by this article by Dr. Merrill Moore.

MEDICAL SCHOOL NOTES

At least one point in Dr. Bock's "Report of the Department of Hygiene: 1940-41" to President Conant deserves special notice here. Last year, from among the 527 medical students, 163 went to Stillman Infirmary (mostly with upper respiratory infections) and 60 to outside hospitals. This represents 42% of the student body, by far the largest proportion of any division in Harvard University. The appendectomy rate per thousand students in the Medical School was 9.6 for the past five years. The per cent of positive tuberculin reactors continues high (53% to 68% in 3rd and 4th year students) and there is always a small trickle of boys who come down with active tuberculosis. It would be difficult though possible, to argue that the health of the medical students is actually better because of earlier attention, diagnosis, and hospitalization. The facts show otherwise, and it is the opinion of the Hygiene Department that the health of medical students is worse than that of the other students in the University. There is one exception to this (and even more paradoxical): the health of the students in the School of Public Health. The Medical School Clinic under the able direction of Dr. Eugene Eppinger has done an excellent job for the health of the student body, but no single doctor has ever been very successful in forcing a man against his will to take better care of himself. Dr. Bock makes the following pungent remark: "The muse of Aesculapius must look down kindly upon the turmoil created in his young followers as each day opens new vistas of the complications of man's order and disorder. The problem to be conquered in this connection is not the multiplicity of acute infections and other complaints—important as these are—but the achievement of a philosophy of personal detachment through which the student may survey his expanding world with a more objective, less emotional pattern." That there is a relationship between a boy's health and the peace within himself, is a fact and an important fact to Dr. Bock and his assistants.

There have been rumblings of disapproval of the new curriculum which shortens the course in medical schools to three

years. It has been claimed that it will be disastrous to the health of the students. This implies that work produces disease, and this theory gains more credence than the one that emotional maladjustments are linked in some way with the appearance of frequent respiratory infections and even more serious disease. On the contrary, it is the experience of all doctors that the workers of the world as a class are the healthy ones. Work, we have it on good authority, is the master-word of medicine. Work is physiological. Work, however, may be done in a pathologic physiological manner with pathologic fatigue and other consequences. The students like the new three-year course. With most of us they probably feel that it is time to be up and doing something for the good of the country, and they may be conducting themselves in a better physiological manner by working during the summer months than by spending the time recuperating their far-from-flagging powers.

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Four promotions, effective July 1, have been announced. Dr. John H. Mueller, Associate Professor of Bacteriology and Immunology, has been named Professor of Bacteriology and Immunology. The following men were named to Associate Professorships: Dr. Fuller Albright, now Assistant Professor of Medicine; Dr. Allan M. Butler, now Assistant Professor of Pediatrics; Dr. Hiram H. Merritt, now Assistant Professor of Neurology.

In addition, Dr. Frederick J. Stare has been appointed Assistant Professor of Nutrition. Dr. Stare received his M.D. degree from the University of Chicago in 1940 and interned at the Barnes Hospital, St. Louis.

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At a dinner on February 11, 1942, a joint meeting of Class Secretaries and the Council of the Association was held in order to consider the changes and progress of the Harvard Medical School, the activities of the Association and of the various Classes. Thirty-eight attended the meeting. The following Classes were represented, mostly by their permanent secretaries:

'01	'08	'18	'32
'02	'09	'19	'33
'03	'10	'22	'34
'04	'11	'23	'35
'05	'12	'25	'36
'06	'13	'27	'38
'07	'14	'31	'39
			'41

Horace Binney represented the oldest class, 1901; Gordon P. Bennett the newest class, 1941. Reginald Fitz presided, since President Warren F. Draper could not attend. Dean Burwell was the principal speaker. The following are the highpoints of Dr. Burwell's address:

Many changes have recently taken place in the Medical School. First are the irreparable losses by death of some outstanding members of the Faculty: Hans Zinsser, Soma Weiss, Lawrence J. Henderson, Kenneth D. Blackfan, and Frederick T. Lord. In speaking of the most recent loss, that of Soma Weiss, Dr. Burwell mentioned the retirement of Henry A. Christian in 1939 and the appointment of Dr. Weiss to the chair of Hersey Professor of Theory and Practice of Physic. Dr. Weiss was the kind of man in whose neighborhood things happen, and as Physician-in-Chief of the Brigham Hospital, he exerted a beneficial influence.

The following retirements also have drawn heavily on the teaching staff: Walter B. Cannon, Ernest E. Tyzzer, Frederic T. Lewis and John L. Bremer. Certain of the younger men have transferred to other universities, among whom are William T. Salter, Eugene A. Stead, Jr., and John Romano.

On the good side of the ledger have been the following appointments: Derek E. Denny-Brown, Professor of Neurology; William E. Ladd, William E. Ladd Professor of Child Surgery; Henry K. Beecher, Henry Isaiah Dorr Professor of Research in Anaesthesia; Eric G. Ball, Associate Professor of Biological Chemistry;

David G. Cogan, Acting Director of the Howe Laboratory of Ophthalmology; Edwin B. Astwood, to the University Committee on Pharmacotherapy; Joseph W. Ferrebee, Associate Professor of Dental Medicine (responsible for the research program in dental medicine).

The Department of Legal Medicine under Dr. Alan R. Moritz has grown in importance and responsibility. During the past two years some 300 homicides and other fatalities of a suspicious character were investigated by the Department. Dr. Moritz finds that about one death in five in Massachusetts is a problem in legal medicine. On January 31 Governor Saltonstall appointed Dr. Moritz Associate Medical Examiner of Suffolk County, Mass., thereby bringing the Department in closer contact with the many medico-legal investigations conducted each year in the city of Boston.

Problems associated with war effort are of course uppermost in the minds of the staff of the Medical School. The School is no stranger to war. It was founded around men who had to do with the Revolutionary War. It contributed largely to the medical services in the Civil War, and in World War I. In 1918 about one-third of the Senior Class was in the S. A. T. C. They collected ten cents travel pay for journeying to Cambridge and back to examine other S. A. T. C. students: the so-called "Battle of Charles River". In 1939 a committee was formed which had to do with problems created by the conflict in Europe. Since then the war effort has been highly organized. Particular mention should be made of the formation of the Harvard Public Health Unit and of the three Base Hospital Units and the sending of an expedition to study an epidemic in Halifax.

The new system of hastening the Medical School course to three years will allow some students to continue their plans for entering upon or continuing their career in medicine who might otherwise have been drafted. The necessity to produce capable doctors has been foremost in the minds of the executives of the Medical School. However, certain problems arise out of the new plan. How will it affect the health of the students? (see above). What about the financial burden to the students? The total cost to the student will not be increased, but the annual cost will be. The wife of an alumnus has given $10,000 to the Loan Fund for students. Vanderbilt Hall becomes cheaper to run since it will not be vacant in the summer, thereby relieving the School of a continuous problem. $35 to $40 can be taken off the cost of each room per 8 months period.

The School will have to run on a diminishing staff, and an increasing burden of teaching will be placed upon the remaining members of the teaching staff. Then there is the problem of financial support of the School. Harvard Medical School depends to a large extent upon interest rates, and it is not known how these rates will change in the coming years. Only a small part of the income of the School comes from tuition which is lower than in many schools. The raising of the tuition has been under consideration many times but for obvious reasons the School is hesitant at present to increase the financial load of students. A certain steady income is from gifts to the School, but, again, it is unknown what dependence can be placed upon gifts for the coming years.

REUNIONS

ANNUAL MEETING AND DINNER

The annual Meeting and dinner will be held at the Hotel Claridge, Atlantic City, Wednesday, June 10 during the Annual Session of the A.M.A. This year, because of the expense, notices will not be sent to each member. Complete details as to speakers, price of dinner, etc. will be published in the June BULLETIN, *The New England Journal of Medicine* and the *Journal of the American Medical Association.*

25th REUNION

After careful consideration, the Anniversary Committee for the proposed celebration have decided to postpone any official celebration until after the war. All men of the Class of 1917 who can, are requested to attend the Alumni Dinner on June 10 at Atlantic City. Leroy Parkins, Sec. for the Committee.

CLASS OF 1902

Reunion to be held July 14 at the Brookline Country Club. George W. Winchester, Sec., 128 Blue Hills Pkwy., Milton, Mass.

CLASS OF 1927

The Class of 1927 will hold no Reunion on a formal basis this year because of the war. It is planned, however, to have a dinner in Boston at the Harvard Club, May 27, during the Annual Meeting of the Massachusetts Medical Society. Charles J. E. Kickham, Sec., 12 Bay State Rd., Boston, Mass.

CLASS OF 1907

Reunion to be held May 27. Further information will be sent to members of the class in the near future. James W. Ayer, Sec., 319 Longwood Ave., Boston, Mass.

NOTICE

The Alumni Office would appreciate having news of any graduates on active duty. We have a file of men in the services and are anxious to have it complete and up to date. Please send in news of yourself and your classmates.

ERRATUM

Due to an oversight the name of Hugh Barr Gray, '02, was omitted from the account of the Washingtonian Hospital that appeared in the January issue. For 25 years, until his retirement in 1941, Dr. Gray was the Director of the Washingtonian Hospital.

INSTRUMENTS WANTED!

Because of the needs of the Army and Navy, it is becoming increasingly difficult for the Harvard Medical School to supply its students with certain types of medical equipment. Dean Burwell is appealing to Harvard alumni to lend, rent, or sell to the Medical School such instruments as microscopes, hemacytometers, and blood pressure apparatus. He urged alumni owning equipment to allow the Medical School to inspect it and advise promptly as to the terms under which it can be used.

Any payments will be made through the Bursar of Harvard University on the basis of prices fixed by the Purchasing Agent in consultation with leading makers of scientific equipment. Second-hand microscopes with lenses in good condition are now worth nearly their purchase value, and they rent for an annual fee of about ten percent of the original selling price. In notifying the Medical School about this scientific equipment, alumni should state whether they want to donate, loan, rent, or sell. Please give this information:

1) Microscopes—maker and approximate date of purchase; whether the objectives are with or without cases; whether instruments are low-power, high-dry, or oil-immersion types; whether instruments have mechanical stage or sub-stage condensers.

2) Hemacytometer—make and approximate date of purchase.

3) Blood pressure apparatus—make and approximate date of purchase; whether instruments are mercury manometers or pressure gauges.

Finally, alumni should inform the School whether they will deliver the instruments or whether they wish the equipment called for by the Medical School. They should notify the School of their name, address, and telephone number (if in the Boston district).

Frederick Taylor Lord
1875- 1941

Frederick Taylor Lord was born in Bangor, Maine, January 16, 1875. He died in Boston, November 4, 1941. His life was one of quiet and sustained devotion to his professional work, to his family, and to his friends. His point of view toward medicine was that of the teacher and of the scholar. Always he sought to learn something new. Always he sought to make what he had learned available to others. He leaves behind many pupils grateful for the wise instruction which he gave, for the example of meticulous thoroughness which he set, and for the kindly friendship with which he blessed all those who shared his work. He possessed those qualities which Lord Tweedsmuir once said were necessary to the successful working of democracy, humility, humanity, and humour. The last of these were often manifested by a twinkle in his eye of almost elfish jollity.

From Harvard he received his A.B. in 1897, and his M.D. in 1900. He served as Medical House Officer at the Massachustts General Hospital in 1900 and 1901, and he remained on the staff of that institution, in one capacity or another, until his death. From 1912 to 1935 he was Visiting Physician, and after 1935 a member of the Board of Consultation.

He joined the teaching force of the Harvard Medical School in 1905 as Instructor in Clinical Medicine, and throughout his life he participated actively in the work of the School, as well as in that of the Hospital. In 1930 he was made Clinical Professor of Medicine, and in 1935, Clinical Professor of Medicine, *Emeritus*.

Although he served Hospital and School largely without pay, and made his living in the private practice of medicine, as had the great clinical teachers of the past, the chief focus of his work was in these institutions. In addition to his constant interest in dispensary and bedside teaching, throughout his life he always had some piece of research in progress. Early in his career he persuaded Dr. J. Homer Wright to give him a laboratory in the Allen Street House of the Hospital. In this cubbyhole—it was little more—he was to be found whenever he had spare time, working like a beaver on some problem such as the role of actinomyces in dental caries. (Contribution to the etiology of actinomycosis. The experimental production of actinomycosis in guinea pigs inoculated with the contents of carious teeth. Boston M. & S. J., *163*: 82, 1910.)

When in 1917 Dr. Edsall was able to secure decent space for clinical research, Dr. Lord was given a somewhat ampler laboratory in which, over a period of years, he conducted, with the able collaboration of Dr. Robert N. Nye, a series of valuable studies on the biology of the pneumococcus.

Within the field of internal medicine, diseases of the chest were always Dr. Lord's special interest. In 1907 he was entrusted by Osler to write the chapter on "Diseases of the Pleura" in the seventh volume of the system on "Modern Medicine", and in two succeeding editions in 1913 and 1925 he contributed the chapter on "Influenza." In 1915 was published his "Diseases of Bronchi, Lungs and Pleura", which ever since has remained an important text on these subjects.

He was early engaged in the fight against tuberculosis, serving for many years as President of the Channing Home, one of the first special hospitals for the care of patients with advanced tuberculosis, and in the public aspects he shared by serving on Advisory Committees of the State Department of Public Health and the Boston City Health Department, and through his leadership in various societies.

When anti-pneumococcic serum appeared on the scene in 1913, Dr. Lord took an active part in studying its action on patients and, with the aid of The Commonwealth Fund, in making it available for use by physicians throughout the state. When chemotherapy arrived, he studied that with equal intensity. He collaborated

closely with Dr. Roderick Heffron in these problems, and with him several books on the subject.

In World War I, Dr. Lord went to the Balkans as a member of the American Red Cross Commission to Serbia, for the relief and rehabilitation of the small remaining Serbian population.

In World War II, he was doing his bit by compiling data on the qualifications of physicians in Massachusetts and by making studies on the evaluation of rabbit and horse serum in the higher types of pneumococcus pneumonia.

In addition to the usual medical societies, Dr. Lord belonged to the Association of American Physicians; the Interurban Clinical Club, of which he was a charter member, and in 1928 President; the American Society for Clinical Investigation; the American Clinical and Climatological Association; the American Association for Thoracic Surgery, of which he was President in 1932; the National Tuberculosis Association, of which he was Vice-President in 1938-39; and the Massachusetts Tuberculosis League, of which he was President in 1928.

Thus was his life full of good works, and long will the memory of this gentle, kindly, generous physician warm the hearts of those who knew him.

NECROLOGY

1883

HENRY AUSTIN WOOD died February 22, 1942 at Waltham, Mass.

1892

ELLIOTT WASHBURN died February 17, 1942 at Brooklyn, N. Y.

1894

FRANK ADELBERT BRAGG died at Foxboro, Mass., February 6, 1942.

1895-96

ALBERT RICHARD BEDDALL died November 3, 1941 at Marlboro, Mass.

1896

WILLIAM EVERETT KERNAN is reported deceased.

1898

VICTOR AUGUSTUS REED died at Methuen, Mass., February 24, 1942.

MAYNARD LADD died March 9, 1942, at Media, Pa.

1898

ROBERT BONNEY died March 22, 1942 at East Boston, Mass.

1899

ALEXANDER CARLETON POTTER died at Cambridge, Mass., January 28, 1942.

1899-00

WILLIAM ABBOTT STONE died December 1, 1941 at Exeter, N. H.

1900

WILLIAM WINN HARTWELL died March 2, 1942, at Malden, Mass.

1900-01

EDWARD EARLE SWAIN died in October, 1941.

1902

LAWRENCE JOSEPH HENDERSON died at Cambridge, Mass., February 10, 1942.

1909

EUGENE STERLING KILGORE died at San Francisco, Calif., January 2, 1942.

1910

CHARLES LEO McCROSSAN died June 26, 1941, at Somerville, Mass.

1920

EARL STEPHEN MERRILL died at Bangor, Me., October 13, 1941.

1927

LUCIUS FRANK LAVERTY, JR., has been reported dead.

FRANK BROWNE EASLEY has been reported deceased.

1931

GEORGE WING DRYER died at Moline, Ill., January 12, 1942.